

**California Department of Human Resources  
Benefits Division**

COBRA Group Continuation Coverage  
Dental Plan Monthly Premiums Effective January 1, 2013

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental Mail STD. 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Enhanced	Excluded employees and their eligible dependents	\$57.68	\$115.80	\$163.60
	Basic	Rank and File employees	\$55.36	\$98.41	\$143.29
	Basic	Eligible dependents of Rank and File employees	\$47.22	\$71.72	\$94.39
	PPO	Excluded & Rank and File employees and their eligible dependents	\$47.01	\$93.22	\$141.23
SafeGuard Health Plans Attn: SOC COBRA Billing P.O. Box 13724 Philadelphia, PA 19101-3724 1-800-880-1800	Standard	Rank and File employees and their eligible dependents	\$16.91	\$27.40	\$38.37
	Enhanced	Excluded employees and their eligible dependents	\$17.26	\$29.20	\$35.98
DeltaCare USA Mail STD 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Standard	Excluded & Rank and File employees and their eligible dependents	\$18.07	\$29.65	\$41.01
Premier Access 8890 Cal Center Drive Sacramento, CA 95826 Attn: COBRA UNIT 1-888-534-3466	Standard	Excluded & Rank and File employees and their eligible dependents	\$16.96	\$27.48	\$38.48
Western Dental 530 South Main Street, 6 <sup>th</sup> Floor Orange, CA 92868 Attn: COBRA UNIT 1-866-859-7525	Standard	Excluded & Rank and File employees and their eligible dependents	\$15.01	\$24.78	\$35.15

**California Department of Human Resources**  
**Benefits Division**

COBRA Group Continuation Coverage  
Vision Plan Monthly Premiums Effective January 1, 2013

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Vision Service Plan P.O. Box 997100 Sacramento, CA. 95899-7100 Attn: COBRA UNIT 1-800-852-7600 Ext: 4636	Basic	Excluded & Rank and File employees and their eligible dependents	\$8.81	\$8.81	\$8.81
	Premier	Excluded & Rank and File employees and their eligible dependents (with the exception of BU 6 employees; their vision benefits are provided through CCPOA Health Benefits Trust).	\$15.50	\$22.20	\$30.36

Refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents. These premium rates are 102% of current gross premiums.